U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10.323	2. Fiscal fear Covered From.
	1/1/64 Through: 12/31/64
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DOHN A. ZAFr.S	Name SGIV LOCALI
	Labor Organization File Number 0237/5
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 17628 Highland Aug	Street III E. WACKER PR. SU. HE 2500
City Timley PARIC	city Phicago
State FC ZIP Code + 4 (6047)	State ZC: ZIP Code +4 60681
5. Position in labor organization. UNION REPRESENTATIVE	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name BSther Brown	FOOD BASKET FOR Christmas
Trade Name, if any: Auchor Bu. Using Services	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 3030 W. Chicago Anei	
city Chicago	\$50.00
State 72. ZIP Code + 4 60692	
Signature	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

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STOR

*'∫⊍*∑ ate Telephone Number

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